

Invoice of Court Reporter or Typist— Indigent Case

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Name:					
Business:					
Address:					
City:		State:	Zip:		
Phone:		SWV No:	·		
Email Address:		_	Sei	lect One:	 Court Reporter
Case Information	tion				Transcriptionist
Case Name:				CC	DA No.:
Trial Court No:		Co	o-defendant CO	A No:	
County.:		Se	rvice Requeste	d By:	
Payment Info	rmation				
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Copy of Verbatim			Yes	No	
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